Approved for use the	TOUGH 10/31/2002. OMB 965 1/000
Patent and Trademark Office: U.s illection of information unless it d Application Number	isplays a valid OMB control number 09/817,141
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First Named Inventor	AYA IMADA
Group Art Unit	2839
Examiner Name	J. Duverne
Attorney Docket Number	03560.002764
of a RCE to be eligible for the pat	ent term adjustment provisions of the AIPA. 000); Interim Rule, 65 Fed. Reg. 14865
1.116 previously filed on Brief previously filed on _	
	Patent and Trademark Office: U: Illection of information unless it d Application Number Filing Date First Named Inventor Group Art Unit Examiner Name Attorney Docket Number 14 of the above-identified ation was filed prior to May 29, 2 of a RCE to be eligible for the pat 65 Fed. Reg. 50092 (Aug. 16, 2 ctice.) 1.116 previously filed on Brief previously filed on

Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required) Other The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed. Fees The Director is hereby authorized to charge any deficiencies in the following fees, or credit any overpayments, to Deposit Account No. 06-1205 06/12/2003 SFELEKE1 00000017 09817141 RCE fee required under 37 C.F.R. § 1.17(e) i. 750.00 OP ij. Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) 01 FC:1801 iii. Other Check in the amount of \$750.00 is enclosed Payment by eredit card (Form PT 2038 enclosed) FAPPLICANT ATTORNEY OR AGENT REQUIRED Registration No. (Attorney/Agent) Name (Print/Type) Christopher/Philip W Date 2 June 11, 2003 CERTIFICATE OF MAILING OR TRANSMISSION E I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or tacsimile transmitted to the U.S. Patent and Trademark Office on Name (Print/Type): Signature Date: Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Director of the U.S.P.T.O., P.O. Box

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